

CLAIMS ONLY

Application Number

10690840

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51					
2	/						52					
3	/						53					
4	/						54					
5	/						55					
6	/						56					
7	/						57					
8	/						58					
9	/						59					
10	/						60					
11		/					61					
12		/					62					
13		/					63					
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17		/					67					
18		/					68					
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24		/					74					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	10						Total Indep					
Total Depend	17						Total Depend					
Total Claims	27						Total Claims					